

Statewide Portable Equipment Registration Program FORM 1 - General Information

Please Print or Type All Information on This Form and Any Attached Forms.

1. Registration to Be Issued To (company name):		
2. Mailing Address:		
City:	State:	ZIP:
3. Street Address (if different from above):		
City:	State:	ZIP:
4. Contact Person:		Title:
Phone Number:	FAX Number:	E-Mail Address:
5. General Nature of Business:		<p>Rental Business? Yes No</p> <p>Military Facility? Yes No</p>

For initial registration, attach FORM 2 for each portable engine, and appropriate FORM 3A, 3B, 3C, 3D, or 3E for each portable equipment unit, or FORM 4 for Military Tactical Support Equipment. Use FORM 7 for modifications to existing registrations, and FORM 8 for administrative updates. Use Form 1-A to calculate total fee to be remitted.								
6. Total # Units: _____ Total Fees: _____ (From Form 1-A)	<table style="width: 100%;"> <tr> <td style="width: 50%;">Enclose Check Payable To:</td> <td style="width: 50%; text-align: center;">OR</td> </tr> <tr> <td style="vertical-align: top;"> ARB / PERP Air Resources Board P.O. Box 2038 Sacramento, CA 95812 </td> <td style="vertical-align: top;"> Bill to Credit Card: " VISA " MasterCard " Discover " American Express </td> </tr> <tr> <td colspan="2" style="padding-top: 20px;"> Credit Card No. _____ Expiration Date _____ </td> </tr> </table>	Enclose Check Payable To:	OR	ARB / PERP Air Resources Board P.O. Box 2038 Sacramento, CA 95812	Bill to Credit Card: " VISA " MasterCard " Discover " American Express	Credit Card No. _____ Expiration Date _____		
Enclose Check Payable To:	OR							
ARB / PERP Air Resources Board P.O. Box 2038 Sacramento, CA 95812	Bill to Credit Card: " VISA " MasterCard " Discover " American Express							
Credit Card No. _____ Expiration Date _____								

I hereby certify that all information provided in this application and any attachments is true and correct.

7. Printed Name of Responsible Party:	Title:
8. Signature of Responsible Party:	Date:

1. *Registration to be Issued To (Company Name)* - Legal name of entity, business, organization, agency or private individual that operates equipment.
2. *Mailing Address* - Address where all business correspondence is to be mailed.
3. *Street Address* - Location where equipment is stored when not operated. If left blank, we will assume street address is the same as mailing address. If a P.O. Box is used for the Mailing Address, the Street Address is also required.
4. *Contact Person* - Person who is to be contacted regarding this application and can provide necessary information such as engine or equipment specifics, location of operations, etc. Please include the title and telephone number for this person.
5. *General Nature of Business* - Please state the type of business conducted by entity seeking registration. Examples include construction operations, renter of portable equipment, solid waste facility, oil drilling rig operations, etc.

Rental Business/Military Facility? - Please circle "Yes" or "No" as appropriate. A *rental business* means a business where the principal use of its engines or equipment units is to temporarily rent or lease for profit, portable engines or equipment units to operators other than the owner(s) of the engine or equipment unit. A *military facility* is owned by the U.S. Department of Defense and/or the U.S. military services, and the engines or equipment units are used in combat, combat support, combat service support, tactical or relief operations, or training for such operations.

6. *Total Number of Units* - Please write the number of engines and equipment units that are affected by this application. Except for military, this should correspond to the number of Form 2's and Form 3's that are attached.
Total Fees - Please write the dollar amount from the *Fee Calculation Worksheet*, Form 1-A. This is the grand total of all fees required for all transactions requested and attached to this application
7. *Printed Name of Responsible Party* - Printed or typed name and official title of person signing and dating form.
8. *Signature of Responsible Party with Date* - Signature of responsible member of entity.
(Application will not be accepted unless signed and dated.)

HELPFUL NOTES REGARDING FORMS:

Form 1 - *General Information* - Submit a Form 1 with each separate mailing, which can consist of any number of engine or equipment unit applications.

Form 1-A - *Fee Calculation Worksheet* - Use to calculate registration fees

For each engine or equipment unit that you plan to register, complete the appropriate form(s):

Form 2 - *Portable Internal Combustion Engine*

Form 3-A - *Portable Sand and Gravel Screening, Rock Crushing, and Pavement Crushing and Recycling*

Form 3-B - *Portable Concrete Batch Plant*

Form 3-C - *Portable Confined Abrasive Blasting*

Form 3-D - *Portable Unconfined Abrasive Blasting*

Form 3-E - *General Application for Portable Equipment Unit*

Form 4 - *Military Tactical Support Equipment Application*

Form 7 - *Modification to an Existing Registration* (e.g. change of ownership, change of registration status from Non-Operational to Operational, Identical/Equivalent Replacement, or modification to engine/equipment unit configuration, emission control equipment, or operating conditions)

Form 8 - *Administrative Update to an Existing Registration* (e.g. update to registration certificate, update to general company information, replacement of registration sticker, or registration cancellation)